

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **35413**
Registrar's No. **460**

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>3401</u>	
1. PLACE OF DEATH a. COUNTY <u>JASPER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death.) a. STATE <u>MISSOURI</u> b. COUNTY <u>JASPER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u>		c. LENGTH OF STAY (In this place) <u>15 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>421 N Joplin St.</u>				d. STREET ADDRESS (If rural, give location) <u>421 N. Joplin St.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>HARRY</u> b. (Middle) <u>A</u> c. (Last) <u>LEARNING</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10</u> <u>18</u> <u>52</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>UNMARRIED</u>	
8. DATE OF BIRTH <u>NOV. 25 1880</u>		9. AGE (In years last birthday) <u>71</u>		10. IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PHYSICIAN</u>		10b. KIND OF BUSINESS OR INDUSTRIAL DUTY <u>MEDICAL</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>OMAHA NEB.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>CALVIN LEARNING</u>		13b. MOTHER'S MAIDEN NAME <u>NANCY SMITH</u>	
14. NAME OF HUSBAND OR WIFE <u>MABEL M.</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u>		16. SOCIAL SECURITY NO. <u>YES WNT.</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mabel M Learning</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>MYOCARDIAL INFARCTION</u>		19. INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4201</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>July 18, 1952</u> , to <u>Oct 18, 1952</u> , that I last saw the deceased alive on <u>Oct 18, 1952</u> , and that death occurred at <u>10 A. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>John W. Korheli, MD</u> (Degree or title)		23b. ADDRESS <u>805 Fresno Bldg. Joplin Mo.</u>		23c. DATE SIGNED <u>Oct 18, 1952</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>10/21/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OZARK MEMORIAL</u>	
24d. LOCATION (City, town, or county) (State) <u>Joplin Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>FORBUD</u>		ADDRESS <u>GLOVER MORTUARY</u>	
DATE REC'D BY LOCAL REG. <u>10-20-52</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 10-27-52

Jasper County Health Office

County File Number 52/10/834

Date Filed 10-27-52

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.